



WHEN EXPERIENCE COUNTS AND QUALITY MATTERS

Medicare Part A Prepay Claims Additional Documentation Response (ADR) Fax Cover Sheet

Document Control Number _____

Patient Name _____ Medicare ID _____

From:

Provider NPI _____ Telephone _____

Number of faxed pages including cover sheet _____

1. A separate cover sheet must be submitted with *each* ADR letter.
2. A copy of the ADR letter *must* accompany the fax.
3. Do not split a record; all documentation must be submitted as one submission.
4. When faxing, please be aware of multiple sheets being fed at once. This may result in sheets not being read.
5. A medical review decision will be made based on records received in a single submission only.
6. Do not submit prepay claim ADR responses for the Recovery Auditor to the fax numbers below. Submit those items to the Recovery Auditor, Connolly Consultants.

***This cover sheet and fax numbers may only be used to respond to a Medicare prepay ADR letter.
DO NOT use for a redetermination, post pay probe, or any other correspondence.***

Fax to:

Florida
(904) 361-0308

Puerto Rico
(904) 361-0409

U.S. Virgin
Islands (904)
361-0417

Privileged and Confidential

The information contained in this documentation may be confidential and is intended solely for the use of the individual or entity to whom it is addressed. This document may contain material that is privileged or protected from disclosure under applicable law. If you are not the intended recipient or the individual responsible for delivery to the intended recipient please be advised that any use, dissemination, forwarding, or copying of this document is strictly prohibited; notify sender immediately by telephone and confirm destruction of the document.